

United States Bankruptcy Court

Southern District of New York

In re: **Lehman Brothers Holdings Inc.**

Case No.: **08-13555**

Court ID (Court use only) _____

NOTICE OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this notice.

Aspen Creek Financial Advisors, LLC

Name of Transferee

Name and Address where notices to transferee should be sent

Aspen Creek Financial Advisors, LLC

520 Madison Avenue, 18th Floor

New York, NY 10022

Attn: Romulo Garza

Phone: (212) 421-3700

Last Four Digits of Acct #: _____

Name and Address where transferee payments should be sent (if different from above)

Hain Capital Group, LLC

Name of Transferor

Court Record Address of Transferor
(Court Use Only)

Last Four Digits of Acct. #: _____

Name and Current Address of Transferor

Hain Capital Group, LLC

301 Route 17, 7th Floor

Rutherford, NJ 07070

Court Claim # (if known): 8671

Claim Amount: \$935,221.49

Date Claim Filed: 8/18/2009

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: /s/ Romulo Garza

Transferee/Transferee's Agent

Date: 10/13/2009

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

~~DEADLINE TO OBJECT TO TRANSFER~~

The transferor of claim named above is advised that this Notice of Transfer of Claim Other Than for Security has been filed in the clerk's office of this court as evidence of the transfer. Objections must be filed with the court within twenty (20) days of the mailing of this notice. If no objection is timely received by the court, the transferee will be substituted as the original claimant without further order of the court.

Date: _____

CLERK OF THE COURT

EVIDENCE OF TRANSFER OF CLAIM

TO: THE DEBTOR AND THE BANKRUPTCY COURT

For value received, the adequacy and sufficiency of which are hereby acknowledged, Hain Capital Group, LLC ("Assignor") hereby unconditionally and irrevocably sells, transfers and assigns to Aspen Creek Financial Advisors, LLC ("Assignee") all of its right, title, interest, claims, certain liabilities and obligations and causes of action in and to, or arising under or in connection with, its claim (as such term is defined in Section 101(5) of the U.S. Bankruptcy Code) in the amount of **\$935,221.49** associated with proof of claim number **8671** against Lehman Brothers Holdings Inc., et al. (the "Debtor"), Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered) United States Bankruptcy Court for the U.S. Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court"), and any and all proofs of claim filed by Assignor with the Bankruptcy Court in respect of the foregoing claim.

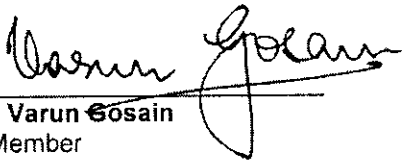
Assignor hereby waives any objection to the transfer of the claim to Assignee on the books and records of the Debtor and the Bankruptcy Court, and hereby waives to the fullest extent permitted by law any notice or right to a hearing as may be imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law. Assignor acknowledges and understands, and hereby stipulates, that an order of the Bankruptcy Court may be entered without further notice to Assignor transferring to Assignee the foregoing claim and recognizing the Assignee as the sole owner and holder of the claim. Assignor further directs the Debtor, the Bankruptcy Court and all other interested parties that all further notices relating to the claim, and all payments or distributions of money or property in respect of claim, shall be delivered or made to the Assignee.

IN WITNESS WHEREOF, this EVIDENCE OF TRANSFER OF CLAIM IS EXECUTED
THIS 23rd day of September, 2009.

HAIN CAPITAL GROUP, LLC

By: 
Name: Robert Hain
Title: Manager

ASPEN CREEK FINANCIAL ADVISORS, LLC

By: 
Name: Varun Gosain
Title: Member

| | | | |
|--|---|---|--|
| United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076 New York, NY 10150-5076 | | PROOF OF CLAIM | |
| In Re: Lehman Brothers Holdings Inc., et al. Debtors. | Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered) | Filed: USBC - Southern District of New York Lehman Brothers Holdings Inc., Et Al. 08-13555 (JMP) 0000008671 | |
| Name of Debtor Against Which Claim is Held Lehman Brothers Holdings Inc. | Case No. of Debtor 08-13555 |  | |
| <small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)</small> | | THIS SPACE IS FOR COURT USE ONLY | |
| Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) Access Asia Investment Holdings (BVI) Limited c/o Income Partners Asset Management (HK) Limited Suite 3311-3313 Two International Finance Centre, 8 Finance Street Central Hong Kong <div style="text-align: right; margin-right: 50px;"><i>mid office @</i></div> Telephone number: +852 2169 2100 Email Address: <i>incomepartners.com</i> | | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ | |
| Name and address where payment should be sent (if different from above) Telephone number: _____ Email Address: _____ | | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. | |
| 1. Amount of Claim as of Date Case Filed: \$ 935,221.49 + interest thereon If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input checked="" type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input checked="" type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.* *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is based on a Derivative Contract or Guarantee. | | 5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____ | |
| 2. Basis for Claim: Collateral and outstanding trades (See instruction #2 on reverse side.) | | FOR COURT USE ONLY <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 150px; text-align: center;">FILED / RECEIVED AUG 18 2009 EPIQ BANKRUPTCY SOLUTIONS, LLC</div> | |
| 3. Last four digits of any number by which creditor identifies debtor: 0787 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.) | | | |
| 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____ | | | |
| 6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side.) | | | |
| 7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: <div style="display: flex; justify-content: space-between;"><div style="width: 15%;">Date: _____</div><div style="width: 85%;">Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;"> Jiffing Chandra - Authorized Signer</div></div></div> | | | |
| Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. | | | |

MOVE TO EXPOSE ADHE

EASY-OPEN-STRIP

196 7047 585

ORIGIN
HKG

EXPRESS WORLDWIDE (D) **DOX** **DHL**
 BCL v8.8.4
 10150 NEW YORK EAST, UNITED STATES
 US - TSS
 Origin: HKG
 OA ABH
 Shipment No.: 1967047585 2009-08-06 Shtl Weight: 0.5 kg
 Sender's Reference:
 Place 1/1

WAYBILL 19 6704 7585
 (2L)US19158142800000

WAYBILL 19 6704 7585
 (2L)US19158142800000

WAYBILL 19 6704 7585
 (2L)US19158142800000

AWB: 1967047585

INSTRUCTIONS:

CONSIGNEE NAME:
 LEHMAN BROTHERS HOLDINGS CLAIMS
 NEW DELIVERY ADDRESS:
 757 3rd ave
 f-g-1
 NEW YORK EAST
 PHONE: NIL

HE TOP

EXPRESS ENVELOPE

DHL EXPRESS

LB1024 (7/07) FDS

Shipment Air Waybill
 (Non negotiable)
 450142

Account number and insurance details
 Charge to: ☐ Shipper ☐ Receiver ☐ 3rd party
 Payer Account No.
 Shipment Insurance: ☐ Yes ☐ No
 Net all payment options are available in all countries.

From (Shipper)
 Shipper's account number: 830142125
 Contact name: Mages Ng
 Shipper's reference (up to 32 characters but only first 11 will be shown on AWB)

Consignee
 INCOME PARTNERS ASSET MANAGEMENT (HK)
 Address:
 SUITE 3311-3313 TWO INT'L
 FINANCE CTR 8 FINANCE ST
 CENTRAL HK
 Postcode/Zip Code (required):
 Phone, Fax or E-mail (required): 21692100

To (Receiver)
 Lehman Brothers Holdings Claims Processing
 FDR Station, P.O. Box 5076
 Postcode/Zip Code (required): 10150-5076
 Country: NEW YORK
 Contact person: Clo Epiq Bankruptcy Solution, LLC
 Phone, Fax or E-mail (required):

Shipment details
 Total number of packages: 1
 Total weight: 0.5 kg
 Net weight: 0.5 kg
 Gross weight: 0.5 kg
 Volume: 0.001 m³

Full description of contents
 Give content and quantity:
 Document

Dutiable shipments only (WPX)
 Attach the original and two copies of a receipt
 Shipper's VAT/GST number:
 Declared Value for Customs:
 (as on commercial/proforma invoice)

TYPE OF EXPORT: ☐ Permanent ☐ Temporary
 Destination duties/taxes: ☐ Paid by shipper ☐ Paid by receiver

Shipper's agreement (Signature required)
 Unless otherwise agreed in writing, I/we agree that DHL is the carrier of the contract between me/us and DHL and, where applicable, the Warsaw Convention limits and/or other applicable law (2) this agreement does not constitute a contract of carriage.

Signature: PS1207 FID HK MP